(V) US 1 9 7 8 PTO:SB.08 (0903) Approved for use through 7:51/2008, Chill 0651-0532

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PATENT APPLICATION FEE DETERMINATIO Substitute for Form PTO-805							RECORD Application or Doctor Number				umber,	
CLAIMS AS FILED - PART ((Column 1) (Column 2)							SMALL ENTITY		ÓR	OTHER THAN SMALL ENTITY		
	FOR	HAM	BERFLED	MUME	GER EXTRA		RATE	FEE	1	RATE	ÆE	
	SIC FEE CFR 1.18(id)					1			1 🚓	10.1.2		
10	TAL CLAUMS OFR 1.10(4)		minus 20 +			1	**		<u>~</u>	XI .	-	
	EPENDENT CLA OFR 1.10(N)	MS	minus 5 • •			1		 	GR	X 9		
	LTIPLE DEPEND	DIT CLAIM PRESE	207		1	,,	 	OR	-	-		
*If the difference in column 1 is less than zero, enter "O" in column 2.							TOTAL	 	OR.	TOTAL		
CLAIMS AS AMENDED - PART II												
OTHER THAN											THAN	
	, ,	(Column 1).		(Column 2)	(Cohmo 3)		SMALL	ENTITY	1		ENTITY	
MENT A		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DME	Total co-consump.	15	Minus	711	•		25	762		50.	PEE	
る	Independent (3" CFR LINGS	2	Minus	-21	-		× 2/00 -		OR	× 200-		
AM	FRET PRESENTATION OF MATTPLE DEPONDENT CLAM (\$7 CFR 1.18(40)						+: -		OR	+: .		
						, ,	TOTAL ADO'L FEE	·	OR	TOTAL ADDILFEE	· ·	
()	120.00	(Column 1)		· (Cotumn 2)		~~~ (****			
8		CLAIMS		HIGHEST	(Column 3)	1	'		1	Т Т	-	
ENTE	SNAD	REMAINING · AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOM TIONAL FEE	•	· RATE	ADDI- TIONAL FEE	
M	Total (IF CFR LHQ)	. 15	Mirus	- 111			x 5		OR	x 99		
AMENDM	Endependent OF OFR 1,1400	. 2	Minus	-21	•		X 1 (-)		· OR	1	7	
FIRST PRESENTATION OF MATURE DEPONDENT CLAIM (27 CFR 1.18(4))							+/\		OR	*, (.	\mathcal{I}	
							ADOL FEE	•	OR	TOTAL ADDIL FEE		
l	1-20-06	(Column 1)										
ပ		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT	ſ	RATE	ADD1	ſ	1		
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ENDMENT	Total colour rate to	13	Minus	- (II	• —	t	X & =		or I	**	7	
Ē	(27 CFR 1.1402)	. a	Minus	~ スし		Ī	x		OR		/. 	
AM	FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (17 CFR.1.18(4))						•		OR	+ •	eq eq eq eq eq eq eq eq eq eq	
					TOTAL ADDIL FEE		. OR	TOTAL ADDLESE	7			
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.												
~	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "3".											

The "Highest Number Previously Paid For" In THIS SPACE is less than 3, enter "7.

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of information is occulred by 37 CFR 1.16. The information is occulred to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the smouth of time you require to complete this form and/or suggestions for reducing this busien, should be sent to the Chief information Officer, U.S. Patent and Tredemark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.